

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589935

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	0					
4						
5	8					
6	8					
7	8					
8	8					
9	8					
10	8					
11	8					
12	8					
13	1					
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
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47						
48						
49						
50						
TOTAL IND.			1	1		
TOTAL DEP.		11	11	11		
TOTAL CLAIMS			11	11		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.				1	1	
TOTAL DEP.		11	11	11		
TOTAL CLAIMS			11	11		